. PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. THIS properly AG pe UNFADING may WITH terms, piain = 교 6 Item Every Item CAUSE OF Important.

Very 0 back

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED, WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, s 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af piace in the OF MOTHER (State or country) of death _____ yrs. ____ mos. . ds. State ____ Where was disease contracted. THE ABOVE IS TRUE if not at place of death? Former or osuai residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ---15 20 UNDERTAKER ADDRESS REGISTRAR of Conedii

fif death occurred in a hospital or institution.

(Year)

give its NAME instead of street and nomber.]

TUB

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scptichacctc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

ated EXACTLY.

Exact statement PERMANENT

stated

of information should be carefully supplied. AGE should be significant in plain terms, so that it may be properly classified. See instructions on back of certificate.

RECORD

WRITE

N. B.—Every Item o CAUSE OF I Important. So

5270 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County 444 Counted	174
D P 0	Registration Dist. No. 33 7
Village or Gity Marlicoffe (No	St.; Ward) [If death occurred in a hospital or institution.
FULL NAME Jussie Para	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Coloned Single, Married Widower, Orange (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH	may 30th, 1914, to may 30, 1914. that last sow have alive on may 30 th, 1914
⁷ AGE (Mo) (Day (Year) If LESS than f day,hrs.	and that death occurred on the date stated above, at 3 P m.
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Cant Insulate (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Wilcomic Co Co	Bagh Isdisade (Doration) 2 yrs mos ds.
10 NAME OF FATHER Stephen Bartlay 11 BIRTHPLACE OF FATHER (State or country) We connected 12 MAIDEN NAME OF MOTHER	(Signet) 1 A Cary M. D. May J., 1914 (Address) Jastoniele *State the Disease Causing Dyath, or, in deaths from Violent Causes, state (1) Means of Lyjury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Wi comico Ca	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant) Tolent Barclay	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Ranticoke	partieste ned may 3/, 1914
Filed, 191REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If rctired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

8000

mia," "Puerperal peritonitis," etc. State cause for ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) accidental, suicidal, or homicidal, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Ex-



Go	PLACE OF DEATH 5271	
	lage or City Nanticohe (No,	0
	FULL NAME Octava Ba	rcley
	PERSONAL AND STATISTICAL PARTICULARS	11/7
3 51	Canale C Single, Married Widowed, Orbivorceo (Write the word)	DATE
6 D	ate of BIRTH mit known 1860	may
_	(Month) (Day (Year)	that I last
7 A	If LESS than 1 day,hrs. OR min.?	and that d
(a) pa (b) bus	CCUPATION Trade, profession, or ricular kind of work	
	RTHPLACE (State or country) Maryland	Gontril Second
40	10 NAME OF Bailey Convay	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	State
PARI	12 MAIDEN NAME MORY Q Bell	CAUSES, TAL, SUI
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death
	(Informant) Colone Laws	Where was of if not at plated former or usual reside
	1 a man 1	nangi 16218

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

cley	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL	CERTIFICATE OF	DEATH
DATE OF DEATH	May	15- 1914
	(Month)	(Day (Year)
1. 11 the	14, to may	attended deceased from 1914, 1914,
and that desth occurred o		_ ()
The CAUSE OF DEATH*		
Drig	Ato: Di	Sease
Contributory Secondary	(Duration)	Lyrs. 4 mos ds.
(Signed) 9 9 1 (A	Da Jay	yrs mos ds.
State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, OF, IS OF INJURY; and	in deaths from Violent d (2) whether Acciden-
18 LENGTH OF RESIDENCE OR RECENT RESIDENCE At place of death yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence	in the	INSTITUTIONS, TRANSIENTS,
Santecope	REMOVAL	MONTO TO 1914
20 UNDERTAKER	0	ADDRESS



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as cause. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



PLACE OF DEATH

Village or City Talesbury md (No. 13)	Registered No. 33 canden Sist St.; Ward) [If death ecc a hespital or in give its NAME of street and out
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Franch whit Spirite the word) Sex 4 COLOR OR RACE 5 SINGLE, MARRIEO, MULLISON WIDOWEO, WING THE WIDOWEO, WIDOW	(Mohth) (Day) (Y 17 I HEREBY CERTIFY, That I attended decease 11
(Month) (Day) (Year) 7 AGE Wowl 45 yrs. Documents. Lower ds. ORmin.? 8 OCCUPATION (a) Trade, prefession, er	and that death occurred on the date stated above, at 8 to The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Thomsewife PRINTHPLACE (State or country) Maryland	(Duration) yrs
11 BIRTHPLACE OF FATHER (State or country) Lo rlaware 12 Maiden Name 7 OF MOTHER (State or country) Maryland	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether ACC TAL, SUICIDAL, OF HOMICIDAL. **BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place of death yrs, mes, ds, State **Tale Tale Tale Tale Tale Tale Tale Tale
(Informant) lewest of My KNOWLEDGE (Address) Bullin' Md	Where was disease centracted, Belief Deed Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Belief May 20
Filed Gray (Y., 1914, Gray Turner, Sepuly, REGISTRAR	20 UNDERTAKER ADDRESS Verlin Devens Reguesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekcepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin; "Can-"Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 4 1914
BULLEAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 5273 County.....



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

Village or City Salisbury (Nof B 60) 2FULL NAME LOS Margaret B	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH MAY 1914 (Year)
TAGE April 29th , 1913 (Year) TAGE OR min. ?	that I last saw h alive on Many 1914 and that death occurred on the date stated above, at Sm. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Duration) yrs mos 2/ds.
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER MARShall Se Bostick 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 14 MOTHER	Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D. My P, 1914 (Address) Solvation from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Salsbury Mg, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MAA J. BAATICK	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds Where was disease contracted, if not at place of death? former or usual residence.
(Address) Salvobury Med. 15 Flightag 2,9,181 H N PJumor REGISTRAR	20 UNDERTAKER ADDRESS ALO: Co. Hold Salesbury Md. May 29th, 1914 ADDRESS Salesbury Md. ADDRESS Salesbury Md. Far, 6 E. Franklin St., Balto, Requesting V. S. No. 1

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



RECORD FNA PERMAN properly supplied. c DEATH ō

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

..Ward)

[If death occurred in

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a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191 to ... alive on..... (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in wmen-employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, mos. Where was disease contracted. 14THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 1102 80 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OF

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PERMANENT

Eyery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

8 ż 1 PLACE OF DEATH 5975



STATE OF MARYLAND

County Wi Com ico	CERTIFICATE OF DEATH
	Registration Dist. No. 33/
Village or City / Iwalve (No	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Color of RACE Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 2014, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH SUPPLIES (Month) (Day (Year)	May 13, 1914, to May 14, 1914, that I last saw h 12 alive on May 14, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at /2/m, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John Thoughas	(Signed) LE Celouell , Mrs. ds. (May 24, 1914 (Address) Builty Web.
OF FATAGOUNTRY) Nanticheffed. 12 MAIDEN NAME OF MOTHER MARY Franchy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) AND Coughless	At place in the of deathyrsmosds. Stateyrs,mosds Where was disease contracted, if not at place of death?
(Address) Typishin Guef	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 21 , 1914
Flied May 30, 191 4 D. Maller Jocal REGISTRAR	La Gressier Bing lock

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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PLACE OF DEATH 5276	STATE OF MARYLAND
County Willowill	CERTIFICATE OF DEATH
A A	Registration Dist. No. 334
Village or City Melko awalhing (No	St.; Ward) [If death occurred I a hospital or institution give ifs NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Anale a. Q. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hamalive on hour 18 1918
7 AGE If LESS than 1 day,hrs. mos, ds. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Raw Child mos ds
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Ouration) yss
OF FATHER States Of State or country State or country State or Mother OF Mot	(Signed) Personal Modern (Address) Release Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death
(Informant) (Informant)	Where was disease confracted, If not at place of death? Former or usual residence.
(Address) Japlaawalking 15 Filed May 20", 191,4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER
Moduly ones REGISTRAR	I The Stewart Salaha
more blanks are needed, address State Regis trar, &	E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative seaithfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purprenal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness." thenia," "Anaemia" (mereir symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial aephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned -Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as . Sarcoma. etc., of ______ (name origin; "Can-is iess definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds. State cause for Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH 70 50 Registration Dist. No. OCCUPATION Ward) statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH alive on (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at Cla f day.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry. business, or establishment in may (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed 80 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ___ mos. _ Where was disease contracted. If not at place of death?-0 Former or PO Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) 15 uning ground 20 UNDERTAKER REGISTRAR If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL Jakes. Mod, ADDRESS

In the

State _____ yrs.__

Tif death occurred in

a hospital or institution.

give Its NAME Instead of street and number. I

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

County Mannie

STATE OF MARYLAND CERTIFICATE OF DEATH

337

Villa	FULL NAME Sallia J. E. Ligas	Parson St.; 5) Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE SINGLE, MARRIED, WIGOWED, OR ONVORCED (Write the word)	16 DATE OF DEATH MAY 30, 1914 (Month) (Day (Year)
6 DA	Soft 12 , 1906 (Month) (Day (Year)	that I last saw h & alive on Mary 30, 1914.
7 AG		and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) 1 parti (b) i busin which	CUPATION Trade, profession, or icular kind of work General nature of Industry, ess, or establishment in h employed (or employer)	due a mind and antico oguspitaling (Duration) yrs mos os. Contributory & Armin Culture medient 7 tukunlani
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MA 13 MA 14 MA 15 MA 16 MA 17 MA 18 MA 19 MA 11 BIRTHPLACE OF FATHER (State or country) 11 MA 12 MA 13 MA 14 MA 15 MA 16 MA 17 MA 18 MA 19 MA 19 MA 10 MA 11 MA 11 MA 12 MA 13 MA 14 MA 15 MA 16 MA 17 MA 18 MA 18 MA 19 MA 19 MA 19 MA 10 MA 10 MA 10 MA 11 MA 11 MA 11 MA 12 MA 13 MA 14 MA 15 MA 16 MA 17 MA 18 MA 18 MA 18 MA 19 MA 19 MA 10 MA 10 MA 10 MA 10 MA 10 MA 11 MA 11 MA 11 MA 12 MA 13 MA 14 MA 15 MA 16 MA 16 MA 17 MA 18 MA 18 MA 18 MA 19 MA 19 MA 19 MA 10 MA	Contributory (Manager Manager
4	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME SUSAN & LEybales 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
	(Address) 1914 No Plenner	If not at place of death? Former or USUAL residence 19 PLACE OF BURIAL OR REMOVAL DELLE ALL ALL ALL ALL ALL ALL ALL ALL ALL
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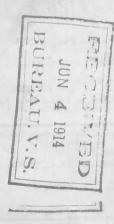


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carvin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion, State cause for Never report



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PLACE OF DEATH	5280
county Wicomico	
Pittail	0.



STATE OF MARYLAND CERTIFICATE OF DEATH

St.;---Ward)

332 Registration Dist, No.

illage or	City V MANUTCO	<u></u>	—(h	10		
		0	Λ	00	4	1 ,

[It death occurred in a hospital or institution, give its NAME instead of street and oumber.]

PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIDDWORD, ORDINORGED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) TAGE (Month) (Day (Year) (Month) (Day (Year) TAGE (Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) (Write the word) (Month) (Day (Year) (Month) (Day (Year) (Month) (Month) (Month) (Day (Year) (Month) (Month) (Day (Year) (Month) (Month) (Month) (Day (Year) (Month) (Month) (Day (Year) (Month) (Month) (Month) (Month) (Day (Year) (Month) (Mo	2FULL NAME TREBELL A	udson
TAGE Month (Day (Year)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
**Month) (Day (Year) TAGE	Jemale 4 colorior race 5 single, Married, Married, Misower, Wisower, Orbivorced (Write the word)	(Month) (Day (Year)
TAGE OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) It LESS than 1 day,hrs. OR min.? The GAUSE OF DEATH * was as follows: Pight Hemip Legia (Duration) yrs. / mos. 2 /	lluknoung	meh 29, 191 4 to May 1, 1914,
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer).	7 AGE It LESS than	and that death occurred on the date stated above, at 10 A m.
business, or establishment in Which employed (or employer)	(a) Trade, profession, or particular kind of work.	Right Hemiplegia
	business, or establishment in Uwhich employed (or employer)	
State or country) Secondary Contributory Secondary	State or country)	Secondary
(Signed)	Tather as, Campbell In Birthplace OF FATHER (State or country) 12 MAIDEN NAME	(Signed) There M. D. M. D.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT) At place 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT)	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death yrs mos ds Where was disease contracted,
(Informant) Former or usual residence. Address Date of Burial		usual residence
Thace M. P. Cemetery May 27, 191.		Thace M. P. Cemetery May 27, 191 +
Filed, 181	**************************************	J. Ratcliff Farlow Wilands mo



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

"Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuicsis of lungs, meninges, peritonaeum, etc., Carcinbrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE

cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon," Never report cause for

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

BUREAU, V.S. JUN 101914

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	RECORD	PHYSICIANS should state of OCCUPATION IS Very
V. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Very Important. See instructions on back of certificate.
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PLACE OF DEATH Cou

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STATE OF MARYLAND

County treowner	CERTIFICATE OF DEATH
	Registration Dist, No. 33
Village or City Bivalve (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Chine #
Lemale White (Write the word)	(Month) (Day (Year)
G DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from M. J. 1914, to May J. Than, 1914,
(Month) (Day (Year)	that I last saw h 11 alive on May 6th, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
5 9 yrs 8 mos 29 ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Is we may if who have.
(b) General nature of Indostry, business, or establishment in which employed (or employer)	(Duration) yrs 2 mos/ Q ds.
9 BIRTHPLACE (State or country) (State or country)	Contributory Affectings.
10 NAME OF FATHER Erry a Horseman	(Signed) / E (Duradion) yrs 2 mag ds. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother line Cover story	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CATSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mol	At place of deathyrs mos ds. Stateyrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment)	usual residence
(Address) Caper Charles, Va	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 m 2 1 7 No 1 Tu - 13	Biraloc Mu May 10, 191/
Filed Nay 9, 1914 L- J- Marille Social REGISTRAR	Of Messich Birghe hul

116221014 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcnce. All the data is essential and must be obtained before the certificate is permanently filed.

BUILDAIT V.S.

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RECORD UNFADING

Very SICIANS should statement D properly pe may 80 pial = 0 Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in a hospital or lustitufice. give its NAME instead of sfreef and comber.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIOOWED. Month) (Dav OR OLVORGEO (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, a 1 dayhrs. OR min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted If nof at place of death? DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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REGISTRAR



[Approved by U. S. Censns and American Public Health Association.]

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V. S. No. 1.

should state Exact statement of OCCUPATION Is very PHYSICIANS RECORD PERMANENT EXACTLY. Every item of information should be carefully supplied. AGE should be signed OAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS N. B.-

	¹ PLACE OF DEATH	STATE OF MARYLAND
	9/ 000	CERTIFICATE OF DEATH
Co	unty fictornico	222
	1 1. 1. G. Hospila	In a Lat
Vill	2FULL NAME Ernest & Mars	Consider St.; /3 Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	According to 5 SINCLE	16 DATE OF DEATH 2
0	hale White (Write the word)	(Month) (Day (Year)
B D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Dec. 26th 1889	191 4, to 191 4,
7	(Month) (Day (Year)	that I last saw h alive on 10,191
TAC	If LESS than 1 day,hrs.	and that death occurred on the date stated above, ata_m,
	yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a)	COUPATION Trades profession, or Havemann on Dol. Auguston, P. H.	grand accused
(b)	General nature of Industry,	3 haur
busi	incss, or establishment in ch employed (or employer)	(Duration) yrs mos. ds.
	RTHPLACE (State or country) Galestown Mol.	Contributory A. A. acadest Secondary
	10 NAME OF SALAR AND A MANAGE	(Signed) Wes O. Wale M.D.
PARENTS	11 BIRTHPLACE OF FATHER	Ingf., 191 V (Address) Rale sun Ing
RE	(State or country) Maryland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Mariey Griffith	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENCE
	13 BIRTHPLACE OF MOTHER (State or country) Sont know	At place there here in the fifther of death yes mos. ds. State yes mos. ds.
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Alfretta Marine	Former or
	(Address) 905-Vandever Ave Wilmings	19 PLACE OF BURIAL OF BENOVAL
15	1 1 2	of Hederalsburg Md, May 12 th, 1914
File	May 11 # 1914 N PJumes	20 UNDERTAKER ADDRESS
	PECIET PAR	Men of Hill I ledie

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD

[Approved by U. S. Census and American Public Health Association.]

CERTIFICATE OF DEATH

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumopia," unqualified, is indefinite): Tubercuters of lungs, meminges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Milomile Registration Dist. No. [If death occurred in a hospital or institution. RECORD give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED Morre (Month (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) If LESS than and that death occurred on the date stated above, a 1 day,hrs. OR ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duratien) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) condary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted 14 THE ABOVE IS TRUE TO If not at place of death? usual residence. CAUSI Import 15 20 ONDERTAKE A DORESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

County Maconnies

5285

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

Vim	PEGO Gity NEAN Salisbury (No. 2001) 2FULL NAME Milliani I Paris	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	orale While the word)	16 DATE OF DEATH May 7, 1914 (Month) (Day (Year)
	Aug 12, 1869 (Month) (Day (Year)	that I last say h M alive on May 26, 1914.
7 A	H H yrs P mos 15 ds OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION) Trade, profession, or flicular kind of work. General nature of industry, inees, or establishment in ch employed (or employer)	About (Ouration) / yrs. # mos. ds.
	RTHPLACE (State or country) 10 NAME OF FATHER SAL 90 P	Contributory Secondary (Doration) yrs. mos. ds. (Signed) yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS, TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of deathyrs,mosds Where was disease contracted, if not at place of death?
	(Informant) George At Parsons - Bruther	Former or usual residence
15	(Address) Salisbry MI R R 17 4	Evapors Control May 29, 1914
FII	ed May 28, 1914 Tooday Jun BEGISTRAR	Dollowers Salisbury Mil
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeaant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

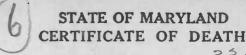


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate.

1 PLACE OF DEATH



Registration Dist. No. 334

-	4.	286		-45
3	t.;	AA	ar	a)

[If death occurred lo a hospital or institution, give its NAME instead of street and number.]

FULL NAME ON AND A Way I KA	vison
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH May 23 , 1914 (Month) (Day (Year)
TAGE March Month) (Month) (Day (Year) 1 day,hrs.	that I last saw here alive on Many 22, 1914, and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Measler, Gastritiz anemia
(b) General nature of indostry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
State or country) form on a of ha	Contributory Secondary
10 NAME OF SATHER Shomas St. Britingham 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden NAME OF MOTHER	(Signed) / (Address) / (Address) / (State the Disease Causing Death, or, in deaths from Violent Causes; state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Jene A. Jownsend 13 BIRTHPLACE OF MOTHER (State or country) Manual 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Worker D. M. Placson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Salisbury Mol. Filed May 205", 1914 REGISTRAR	1º PLACE OF BURIAL OR REMOVAL St. Sleg abeth Cemeling May 26th, 1814 ROUNDERTAKER May 26th, 1814

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.-





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



PHYSICIANS should state

EXACTLY.

stated

N. B.—Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

RECORD

Exact statement of OCCUPATION is very

1 PLACE OF DEATH

5287

STATE OF MARYLAND CERTIFICATE OF DEATH

00	MILY wasterful Art Section A. S. Let and Linguistics	Registration Dist. No. 354
Vil	lage or City Salisbury (No, _	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ATE OF BIRTH RECORDING (Write the word)	16 DATE OF DEATH May 20 Ch., 1914 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191,
TA	GE Shoul Hyrs mos ds. (Year) CCUPATION (Month) (Day (Year) (Year) (Year) (Year) (Authority of the state	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
pa (b) bus wh	Trade, profession, or Housing Plans Wife General nature of Industry, Iness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mukeupun 12 MAIDEN NAME A A A A A A A A A A A A A A A A A A	(Signed) Granles Covington JC, M. D. acting an Gorover Latting on Holders, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Dlanger (State or country) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	(Address) Salisbury Mc/c ed May 2/", 1914 Thoday Down REGISTEAR	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Adultury 20 UNDERTAKER ADDRESS
		trar, G. E. Franklin St., Balto, Requesting V. S. No. 1.



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccity; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, pcritonaeum, etc., Carcin-

aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," Never report



S. No. 1.

	should ON 1s
RECORD	HYSICIANS 8
WRITE PLAINLY, WITH UNFABING INA-IMIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
IHIS IS A P	E should be stated in Early classified.
ADING INK-	ly supplied. AGI if may be propered
WILL ONL	iould be careful terms, so that n back of certifi
E PLAINLT	-Every item of information should be carefully sup GAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
NA.	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

state

Co	1 PLACE OF DEATH 5288 unty // Comico /	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 335
Vill	2FULL NAME Wilber M	St.; Ward) [It death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Hule Single, Married Widoword (Write the word)	16 DATE OF DEATH May 19 1914 (Month) (Day (Year)
6 p	(Month) (Day (Year)	that I last saw harmalive on Many 1915.
7 A (It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 8-3 0m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus	Trade, protession, or Trade, protession, or Trade, protession, or Trade, protession, or General nature of industry, iness, or establishment in chemployed (or employer)	(Duration) yrs. 3 mos. ds.
	RTHPLACE (State or country) Maryland	Contributory Secondary (Beretlen)
ARENTS	10 NAME OF Williams Jaylor 11 BIRTHPLACE OF FATHER (State or country) 12 Maryland	(Signed)
a	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Muryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
	Informant) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	Where was disease contracted, It not at place of death? Former or usual residence
16	Address) Snarphouse Mo	Sharptown Md DATE OF BURIAL Pharptown Md May 21, 1914. 20 UNDERTAKER ADDRESS 4

16 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



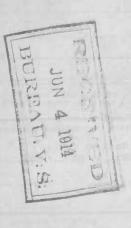


[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anacmia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



RECORD

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I 1 PLACE OF DEATH

5289

STATE OF MARYLAND

ADDRESS

County Miconia	CERTIFICATE OF DEATH Registration Dist. No. 334
Village or City Salisbrury (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thrule Colored Single, Married, Widow Down or Miller Word (Write the word) Date of Birth Tage Month Day (Year) Tage If LESS than 1 day, hrs. or min.?	(Month) (Day (Year)) I HEREBY CERTIFY, That I attended deceased from 191, to 191, to 191, and that desth occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: (Duration) yrs mos. 6s
which employed (or employer) **BIRTHPLACE* (State or country) **All	Gontributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elizabeth Profession Makes	At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Salisbury My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.-

Flied May 25



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Aceidental drowning; Struck by railway train—acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for EX-



V. S. No. 1.

N. B.

Village or City Janliet he (No	State of Maryland CERTIFICATE OF DEATH Registration Dist, No. 337 St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TO DATE OF BIRTH (Month) (Day (Year) TAGE TO DE MONTH (Year) TO DE MONTH (Year) TO DE MONTH (Year) TO DE MONTH (OR MONTH) (OR MONTH) TO DE MONTH (Year) TO DE MONTH (Year	that I last saw h has alive on May 6 h, 1914, and that death occurred on the date stated above, at 3 p, m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyland	Contributory Humber of Main Secondary
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mary Rand 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Buratlon) Its mos ds. (Signed) (Address) (N. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Jarah Grand 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MANUAL WILLIAM (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Gardieona mel 15 Filed Muy 11, 1914 L. J. Walle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nistase Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUSCIDAL, OF HOMICIDAL, sor as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS'should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.

1 PLACE OF DEATH

Miconico

5291

STATE OF MARYLAND CERTIFICATE OF DEATH

No. 333

Village or City Parsons burg (No. 5	Parson bir st.: Ward)
	, 0,,,
2FULL NAME AND COLLEGE	ano Minhow

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, Married, Wilowed, OR DIVORCED (Write the Word)	(Month) (Day (Year)
6 DA	TE OF BIRTH Fel., 28 , 1898 (Month) (Day (Year)	meh 16 1914, to may 26 , 1914, that I last ssw h loom silve on hady 26 , 1914
7 AG	62 yrs 2 mos 2 6 ds or min.?	and that desth occurred on the date stated above, at 1145 Am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work		
- (b) General nature of industry, business, or establishment in Luncher de alar which employed (or employer)		(Ouration) 4 yrs mos ds.
(State or country) Wiconico Cs., Md		Secondary (Doration) yrs mos ds.
	10 NAME OF William Winhow	(Signed) Logical M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or eountry) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	12 MAIDEN NAME Caroline Howard	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Dout know	At place In the of death yrs mos ds. State yrs mos ds
(informant) Plane Summan Johnson		Where was disease contracted, If not at place of death?————————————————————————————————————
16	(Address) Parabushing Ind.	Paramaburg Md. May 28 th, 1914
File	May 28, 191 4 N. P. Jumes REGISTRAR	Geo. C. Hell Salisbury
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



9

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits ean be known. The question eated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report

